

**Long Hollow District  
Assistant/Birthday application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I am requesting assistance for or birthday:

☐ Medical emergency/Tran.

☐ Birthday Money

☐ Funeral

☐ Emergency Home Repair

☐ Education Graduation

☐ Youth Assistance

Please describe why you are requesting assistance at this time. Please put birth date.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

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Sign and date when received check:

\_\_\_\_\_

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Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Referred \_\_\_\_\_

Referred to: \_\_\_\_\_

\_\_\_\_\_

Amount Received \_\_\_\_\_

Date \_\_\_\_\_

Check # \_\_\_\_\_

\_\_\_\_\_  
Executive Signature

\_\_\_\_\_  
Executive Signature